Case 16-802 Fill in this information to iden United States Bankruptcy Court Northern District of Illinois Case number (If known):	tify your case:	Chapter you are filing Chapter 7 Chapter 11 Chapter 12 Chapter 13	Page 1 of 63	UNITED STATES BANKRUPTO NORTHERN DISTRICT OF I FEB 05 2016 JEFFREY P. ALLSTEADT DEPUTY CLERIKIIIS amended fili	CY COURT LLINOIS , CLERK - LD sis an
Voluntary Pet	ition for	Individual	s Filing fo	or Bankruptcy	12/15
the answer would be yes if eithe Debtor 2 to distinguish between same person must be Debtor 1 i Be as complete and accurate as information. If more space is ner (if known). Answer every question	er debtor owns a c them. In joint cas in all of the forms. possible. If two meded, attach a sep	ar. When information is es, one of the spouses of narried people are filing	needed about the sp must report informati together, both are en	or example, if a form asks, "Do you ouses separately, the form uses <i>Dek</i> on as <i>Debtor 1</i> and the other as <i>Deb</i> ually responsible for supplying corriditional pages, write your name and	otor 1 and otor 2. The
	About Debtor 1	:	Ab	out Debtor 2 (Spouse Only in a Join	t Case):
Your full name	About Debtor 1	:	Ab	out Debtor 2 (Spouse Only in a Join	t Case):
Your full name Write the name that is on your government-issued picture	Sharline		Pa	atrick	t Case):
Your full name Write the name that is on your government-issued picture identification (for example,	Sharline First name		Pa Firs	atrick t name	t Case):
Your full name Write the name that is on your government-issued picture	Sharline		Pa Firs W	atrick	t Case):
Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or	Sharline First name Jean		Pa Firs W Mid	atrick t name illiam	t Case):
Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	Sharline First name Jean Middle name		Pa Firs W Mid Ge	atrick it name illiam dle name	t Case):
Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture	Sharline First name Jean Middle name Stork		Pa Firs W Mid GG Las	atrick it name filliam dle name DOCI	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III		Pa Firs W Mid Gi Las	atrick It name Illiam Idle name DOO It name fix (Sr., Jr., II, III)	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III		Pa Firs W Mid Gi Las	atrick it name filliam dle name DOCI t name	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III		Pa Firs W Mid Go Las Sufi	atrick It name Illiam Idle name DOO It name fix (Sr., Jr., II, III)	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III Sharline First name Jean		Pa Firs W Mid Ga Las Suff	atrick It name filliam die name DOO It name fix (Sr., Jr., II, III)	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III Sharline First name Jean Middle name Good		Pa Firs W Mid Ga Las Suff Firs	atrick It name filliam Idle name DOO It name fix (Sr., Jr., II, III) It name	t Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or	Sharline First name Jean Middle name Stork Last name Suffix (Sr., Jr., II, III Sharline First name Jean Middle name Good Last name		Pa First W Midd Gal Lass Suffi Midd Lass	atrick It name filliam die name DOC It name fix (Sr., Jr., II, III) It name	t Case):

(ITIN)

3. Only the last 4 digits of your Social Security

number or federal

Individual Taxpayer

Identification number

 $xxx - xx - \underline{5} \underline{6} \underline{5} \underline{3}$

OR

xxx - xx - <u>1</u> <u>2</u> <u>4</u> <u>5</u>

9 xx - xx -_____

OR

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 2 of 63

Debtor 1	Sharline Jea			Case number (# known)	
	Patrick W		• :		
		About Debtor 1:		About Debtor 2 (Spor	use Only in a Joint Case):
and Ider (EIN	business names Employer ntification Numbers) you have used in	☑ I have not used any	business names or EINs.	I have not used any	y business names or EINs.
	last 8 years Ide trade names and	Business name		Business name	
	g business as names	Business name		Business name	
		EIN		EIN	
		EIN		EIN	T WEARING MINISTER WATERWAY
5. Whe	ere you live			If Debtor 2 lives at a d	ifferent address:
		1404 W Suydam R Number Street	d	Number Street	
		Apt 3			
		Sandwich City	IL 60548 State ZIP Code		State ZIP Code
		Dekalb County		County	
		If your mailing address above, fill it in here. No any notices to you at this	is different from the one that the court will send mailing address.	If Debtor 2's mailing ac yours, fill it in here. No any notices to this mailing	ddress is different from ote that the court will send org address.
		Number Street		Number Street	
		P.O. Box		P.O. Box	77
		City	State ZIP Code	City	State ZIP Code
	you are choosing district to file for	Check one:		Check one:	
	ruptcy	Over the last 180 day I have lived in this dis other district.	s before filing this petition, trict longer than in any	Over the last 180 day I have lived in this dis other district.	ys before filing this petition, strict longer than in any
		l have another reasor (See 28 U.S.C. § 140		☐ I have another reason (See 28 U.S.C. § 140	

				Pa	

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 3 of 63

Part 2: Tell the Court About Your Bankruptcy Case Case number (# known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b for Bankruptcy Code you are choosing to file under Chapter 11 Chapter 11	A) for Individuals Ellina
7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate be under Chapter 7 Chapter 11	A for Individuals Ellina
7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate but the chapter 7 □ Chapter 11 □ Chapter 12	A) for Individuals Eiling
are choosing to file under Chapter 11 Chapter 12 Chapter 12 Ior Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate be to page 1 and check t	A for Individuals Eiling
are choosing to file under Chapter 7 Chapter 11 Chapter 12	o) for malviduals rilling DOX.
☐ Chapter 12	
· ·	
FI Charter 40	
☐ Chapter 13	
 I will pay the entire fee when I file my petition. Please check with the clocal court for more details about how you may pay. Typically, if you are proportion in your payment on your behalf, your attorney may pay with a creative and the pre-printed address. I need to pay the fee in installments. If you choose this option, sign and Application for Individuals to Pay The Filing Fee in Installments (Official Formation in the properties of the official poverty line that applies to your family size at pay the fee in installments). If you choose this option, you must fill out the Achapter 7 Filing Fee Waived (Official Form 103B) and file it with your petitic 	aying the fee attorney is dit card or check attach the orm 103A). are filing for Chapter 7. only if your income is nd you are unable to Application to Have the
9. Have you filed for No	
bankruptcy within the last 8 years? U Yes. District When Case number	
District When Case number MM / DD / YYYY	
District When Case number	
10. Are any bankruptcy No cases pending or being	
filed by a spouse who is Peter Relationship to you not filing this case with	
you, or by a business partner, or by an affiliate? District When Case number, if k MM / DD / YYYY	nown
Debtor Relationship to yo	u
District When Case number, if ki	nown
 1. Do you rent your residence? I No. Go to line 12. I Has your landlord obtained an eviction judgment against you and do you want residence? I No. Go to line 12. I Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (For this bankruptcy petition. 	

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 4 of 63

Debtor 1 Sharline Jea		Stork	Case number (if know	va)
First Name Middle Na Portnick W		Last Name		"I—
		ses You Own as a S	olo Decudatas	
neport About Ally	ousilles	ses Tou Own as a 5	ole Proprietor	
12. Are you a sole proprietor of any full- or part-time	🛭 No.	Go to Part 4.		
business?	🔲 Yes	. Name and location of b	usiness	
A sole proprietorship is a business you operate as an				
individual, and is not a separate legal entity such as		Name of business, if any		
a corporation, partnership, or LLC.		Number Street		
If you have more than one sole proprietorship, use a				
separate sheet and attach it to this petition.				
		City	State	ZIP Code
		Check the appropriate I	box to describe your business:	
		☐ Health Care Busine	ss (as defined in 11 U.S.C. § 101(27A))	
			state (as defined in 11 U.S.C. § 101(51B))
			ined in 11 U.S.C. § 101(53A)) (as defined in 11 U.S.C. § 101(6))	
		None of the above	as defined in 11 U.S.C. § 101(6))	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can set most rea	<i>appropriate deadlines.</i> If cent balance sheet, state	f, the court must know whether you are a a you indicate that you are a small business ment of operations, cash-flow statement, exist, follow the procedure in 11 U.S.C. § 1	s debtor, you must attach your and federal income tax return or if
For a definition of small		I am not filing under Cha	•	
business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte the Bankruptcy Code.	r 11, but I am NOT a small business debto	or according to the definition in
	Yes.	I am filing under Chapte Bankruptcy Code.	r 11 and I am a small business debtor acc	ording to the definition in the
Part 4: Report if You Own o	r Have	Any Hazardous Prop	erty or Any Property That Needs I	mmediate Attention
14. Do you own or have any	☑ No			
property that poses or is alleged to pose a threat	Yes.	What is the hazard?		
of imminent and identifiable hazard to				
public health or safety? Or do you own any				
property that needs immediate attention?		If immediate attention is	s needed, why is it needed?	
For example, do you own				
perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				
		Where is the property?	Number Street	
			70/70/00	Spring the shadow of the state
			City	State ZIP Code
OS0 2115 PP. 1.1. 404		Server value establication en la	Fig. 1876, 1874, 1989, Igmedia, 1974, 2014, 2014, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984, 1984	

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 5 of 63

Debtor 1

Sharline	<u>Jean</u>	Stork	Case number (if known)
First Name	Middle Name	Last Name	Octob (idition) (it shows)
Winck	William		

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	De.	btor	1	:
-------	-----	------	---	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to re	ceive a	briefing	about
credit counseling beca	ause of:	•	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

ш	I am not required to receive a briefing :	about
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 6 of 63

D	ebtor 1	Sharline Jea	an me	Stork	TARTE COMMANDA	Case number (if known)_	
		Patrick wi		Good			
F	art 6:	Answer These Que	stions for	Reporting Purpose	es		
16		ind of debts do	16a. Are y as "ind	our debts primari	ly consumer debts? primarily for a persona	Consumer debts ar	re defined in 11 U.S.C. § 101(8)
	you hav	ve :	☐ No	o. Go to line 16b. es. Go to line 17.	, , , , , , , , , , , , , , , , , , , ,	.,,,	па рапросс.
			16b. Are y money	our debts primarily for a business or inve	y business debts? estment or through the	Business debts are o	debts that you incurred to obtain
			☐ No	s. Go to line 16c. s. Go to line 17.	v	,	
			16c. State	he type of debts you o	owe that are not consur	ner debts or busines	s debts.
17.	Are you Chapter	filing under	☐ No. 1a	m not filing under Cha	pter 7. Go to line 18		MANAGE STATE AND ADDRESS AND A
	Do you	estimate that after mpt property is	☑ Yes. Lai	n filing under Chapter	7. Do you estimate tha	it after any exempt p	roperty is excluded and bute to unsecured creditors?
	exclude	d and		No.	are paid that fullus will	be available to distri	Dute to unsecured creditors?
	are paid available	trative expenses that funds will be e for distribution cured creditors?		Yes			
18.		ny creditors do mate that you	☑ 1-49 ☑ 50-99		1,000-5,000		25,001-50,000
	owe?	man and you	100-199 200-999		5,001-10,000 10,001-25,000		☐ 50,001-100,000 ☐ More than 100,000
19.	How mu	ch do you your assets to	\$0-\$50,001		\$1,000,001-\$10		\$500,000,001-\$1 billion
	be worth		\$50,001	1-\$500,000	\$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$5	00 million	□ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
0.	How mu	ch do you	\$0-\$50,0		\$1,000,001-\$10		□ \$500,000,001-\$1 billion
	to be?	your liabilities	\$50,001-		\$10,000,001-\$50 \$50,000,001-\$10		\$1,000,000,001-\$10 billion
	it76 Si	gn Below	\$500,001		\$100,000,001-\$10		☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
gester	r you		I have exami	ned this petition, and i	declare under penalty	of perjury that the in	formation provided is true and
			If I have chos	ilted States Code. I un	ter 7, I am aware that I derstand the relief avai	may proceed, if eligil ilable under each cha	ble, under Chapter 7, 11,12, or 13 apter, and I choose to proceed
			If no attorney this documer	represents me and I out, I have obtained and	did not pay or agree to read the notice require	pay someone who is ed by 11 U.S.C. § 34.	not an attorney to help me fill out 2(b).
			l request relie	ef in accordance with t	he chapter of title 11, U	Inited States Code, s	specified in this petition.
			with a bankru	making a false statem ptcy case can result in 152, 1341, 1519, and	n fines up to \$250,000,	ty, or obtaining mone or imprisonment for	by or property by fraud in connection up to 20 years, or both.
			Signature	of Debtor 1		Signature of De	Acad http://display.com
			ū	on <u>02/05/</u>	<u>7</u> 016	Executed on C	व / पेर / डंठा F

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 7 of 63

Debtor 1		Jean	Stork	Case number (# known)
	First Name	Middle Name	Last Name	to work
	Patrick	William	Good	

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious consequences?	action with long-term financial and legal
□ No ≥ Yes	
Are you aware that bankruptcy fraud is a serious cri inaccurate or incomplete, you could be fined or imp	ime and that if your bankruptcy forms are risoned?
□ No ☑ Yes	
Did you pay or agree to pay someone who is not an	attorney to help you fill out your bankruptcy forms?
Yes. Name of Person	
Attach Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).
Dy signing have track-out doubt to the	
By signing here, I acknowledge that I understand the have read and understood this notice, and I am awa	e risks involved in filing without an attorney. I
attorney may cause me to lose my rights or property	ite that hing a bankrupicy case without an
: 160	× Mal In
Signature of Debtor 1	Signature of Debtor 2
Date 02/05/20/6 MM/DD //YYYY	Date <u>Q2 / 65 / 201</u> 6
Contact phone (630) 803-3699	Contact phone (630) 808-0908
Cell phone (630) 803-3699	Cell phone (630) 808-0908
Email address storshar@gmail.com	Email address ptrck.good@gmail.com

Debtor 1	Sharline	Jean	Stork
	First Name	Middle Name	Last Name
Debtor 2	Patrick Patrick	William	Good
Spouse, if filing) First Name	Middle Name	Last Name

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

our original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
Schedule A/B: Property (Official Form 106A/B)	s 0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	s 7,101.81
1c. Copy line 63, Total of all property on Schedule A/B	s7,101.81
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	/ mount you one
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>21,538.95</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	s <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 73,417.34
Your total liabilities	s 94,956.29
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$ 2,992.91
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	£ 2.930.72

Entered 02/05/16 13:48:20 Desc Main Case 16-80261 Doc 1 Filed 02/05/16 Page 9 of 63 Document Stork Debtor 1 Case number (if known) Last Name William Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. X Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 4,181.41

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	s0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy fine 6f.)	s 56,350.93
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$ 56,350.93

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 10 of 63 Document

Fill in this in	nformation to ide	ntify your case and this	filing:	
Debtor 1	Sharline	Jean	Stork	
	First Name	Middle Name	Last Name	to the contraction of the contra
Debtor 2	Patrick	William	Good	
(Spouse, if filing)	First Name	Middle Name	Last Name	Anna Anna Anna Anna Anna Anna Anna Anna
	Bankruptcy Court for	the: Northern District of I	llinois	
Case number				Check if this is amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Do you own or have any legal or equitable intere	st in any residence, building, land, or similar prop	erty?	
2 No. Go to Part 2.			
☐ Yes. Where is the property?			
1.1. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured cl. the amount of any secure Creditors Who Have Clair Current value of the entire property?	d daims on Schedule D: ns Secured by Property.
	Land	\$	\$
City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	of your ownership simple, tenancy by
	Who has an interest in the property? Check one.	, 2. 2	,,
County	Debtor 1 only Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	Other information you wish to add about this it property identification number:		
If you own or have more than one, list here:			
1.2. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured da the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
Sueet address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
		\$	\$
City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
County	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Check if this is cor(see instructions)	nmunity property
	Other information you wish to add about this item property identification number:	n, such as local	

	Case 16-8	0261 Doc 1		Entered 02/05/: Page 11 of 63	16 13:48:20 D	esc Main
Debtor		Jean	Stork	Case number (#	brown	
	Patrick Mix	Idle Name Willio	eme 600d	Code Harrison (II	nilowi I	
1.3	3. Street address, if availal	ble, or other description	What is the property? (Single-family home Duplex or multi-unit by	.,,	Do not deduct secured of the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
			Condominium or coop Manufactured or mobi		Current value of the entire property?	Current value of the portion you own?
			Land		\$	\$
	City	State ZIP Cod	Other	MVLC	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in	the property? Check one.		
	County	· · · · · · · · · · · · · · · · · · ·	Debtor 1 only			
	•		Debtor 2 only			
			Debtor 1 and Debtor 2 At least one of the debt	-	Check if this is co (see instructions)	mmunity property
			Other information you very property identification is	vish to add about this ite	m, such as local	
2. Add	the dollar value of the	portion you own for	all of your entries from Par	t 1, including any entries	s for pages	s
you	mave attached for Falt	i. Witte that numbe	r here		···⊅	
Part 2: Do you you own	own, lease, or have leg	gal or equitable inter	est in any vehicles, whethe cle, also report it on Schedule	r they are registered or n	not? Include any vehicles and Unexpired Leases.	:
3. Cars	, vans, trucks, tractors	, sport utility vehicle	es, motorcycles			
			,,			
⊿ Y	'es					
		Voltannaa				
3.1.	Make:	Volkswagen	Who has an interest in the	ne property? Check one.	Do not deduct secured clai the amount of any secured	
	Model:	Jetta	Debtor 1 only Debtor 2 only		Creditors Who Have Claim	
	Year:	2015	Debtor 1 and Debtor 2 o	nh/	Current value of the	Current value of the
	Approximate mileage:	13,000	At least one of the debto		entire property?	portion you own?
	Other information:			TO GIRL GROWING		
	Leased Vehicle		☐ Check if this is comm instructions)	unity property (see	\$12,080.10	\$0.00
If you	own or have more than	one, describe here:				
2.0	Make:	Toyota	Who has an interest in th	e nronarty? Chark one		
3.2.		Camry	Debtor 1 only	- property conton one.	Do not deduct secured clair the amount of any secured	claims on Schedule D:
	Model:	2013	Debtor 2 only		Creditors Who Have Claims	
	Year:	***************************************	Debtor 1 and Debtor 2 or	nly		Current value of the
	Approximate mileage:	73,000	At least one of the debtor		entire property?	portion you own?
	Other information:				24 520 05	0.00
	Consolidated Car	Loan	Check if this is comministructions)	unity property (see	\$ 21,538.95	\$0.00

rline Name Middle Name +vick C	1 Doc 1	Filed 02/05/16	Entered 02/05/1	6 13:48:20	Desc Main
	Jean	Stork	Page 12 of 63 Case number (# k	nown)	
	Jilliam	cood			
		Who has an interest in	the property? Check one.	Do not deduct secured	claims or exemptions. Put
		Debtor 1 only		the amount of any secu Creditors Who Have Cl	red claims on Schedule D: aims Secured by Property
		Debtor 2 only		Current value of the	
nate mileage:		Debtor 1 and Debtor 2 At least one of the debt		entire property?	portion you own?
ormation:		At least one of the debi	ors and another		
		Check if this is come instructions)	nunity property (see	\$	\$
		Who has an interest in t	he property? Check one.	Do not deduct secured of	daims or exemptions. Put
		Debtor 1 only		the amount of any secui	red claims on Schedule D: nims Secured by Property.
		Debtor 2 only			
ate mileage:		Debtor 1 and Debtor 2		Current value of the entire property?	Current value of the portion you own?
		At least one of the debt	ors and another		portion you own.
omation:		Check if this is comr	nunity property (see	\$	\$
		Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o		Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the	ed claims on Schedule D: ims Secured by Property.
rmation:		At least one of the debto		entire property?	
		Check if this is comminstructions)	unity property (see	\$	portion you own?
				*	\$
ve more than one,	list here:				
ve more than one,		Who has an interest in th	e property? Check one.	Do not deduct secured cl	\$
	ter Aurona	Debtor 1 only	e property? Check one.	the amount of any secure	aims or exemptions. Put
	ter Aurona	Debtor 1 only Debtor 2 only		the amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
	ter Aurona	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on	ily	the amount of any secure Creditors Who Have Clair	aims or exemptions. Put d daims on Schedule D: ms Secured by Property.
	ter Aurona	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on	ily	the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d daims on Schedule D: ms Secured by Property. Current value of the
	ter Aurona	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor	ily s and another	the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d daims on Schedule D: ms Secured by Property. Current value of the
		in the transfer of the first of	Who has an interest in th Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is commit	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured check amount of any secure Creditors Who Have Clair Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see

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Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main

Debtor 1

Sharline

Jean

Document Stork

Page 13 of 63

Patrick

William

bood

Case number (if known)_

Part 3:

Describe Your Personal and Household Items

Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No	
	Yes. Describe Couch, Crib, Dining room Table, TV Stand, dressers, twin bed, king bed, desk, kitchenware	\$1,200.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No □ Yes. Describe Stereo, cell phones, printer, laptop, TV, camera, game system	\$400.00
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
	Yes. Describe precious moments	\$100.00
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	□ No	
	Yes. Describe razor scooter, bicycle	\$50.00
10.	Firearms	
	Examples: Pistots, rifles, shotguns, ammunition, and related equipment ☑ No	
	Yes. Describe	s 40.00
11.0	Clothes	The state of the s
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
	Yes. Describe everyday clothes, work clothes, dress shoes, casual shoes, sandals	\$500.00
12.	leweiry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No Table 1	050.00
•	Yes. Describe engagement ring, wedding bands, watch, everyday jewelry	\$250.00
3. 1	Ion-farm animals	
ı	Examples: Dogs, cats, birds, horses	
Į	□ No	
į	☑ Yes. Describe cat	\$25.00
	any other personal and household items you did not already list, including any health aids you did not list	
	No ,	
Ĺ	Yes. Give specific information	s\$0.00
5 /		T.
J. F	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached or Part 3. Write that number here	\$ <u>2,525.00</u>

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main

Document Stork

Page 14 of 63

Debtor 1

Jean Patrick

William

Good

Case number (if known)_

escribe Your Financial Assets

Do you own or have	any legal or equitable interest ir	any of the following?	Current value of the portion you own? Do not deduct secured claim or exemptions.
16. Cash <i>Examples:</i> Money	you have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file you	r petition
□ No		, ,	, position
		Cash:	\$\$
and oth	ng, savings, or other financial acco	unts; certificates of deposit; shares in credit unions, broke nultiple accounts with the same institution, list each.	erage houses,
Li No ☑ Yes	····	Institution name:	
	47.4 Chapling account	Chase Bank	6.64
	17.1. Checking account:	Olidse Dain	<u> </u>
	17.2. Checking account:		
	17.3. Savings account:	Chase Bank	s <u>516.41</u>
	17.4. Savings account:	Ally Bank	<u> </u>
	17.5. Certificates of deposit:	MPR.	\$
	17.6. Other financial account:		
	17.7. Other financial account:		
	17.8. Other financial account:		
	17.9. Other financial account:		T
			· · · · · · · · · · · · · · · · · · ·
	ds, or publicly traded stocks ds, investment accounts with brok Institution or issuer name:	erage firms, money market accounts	
			\$
			\$
	······································		\$
			•
19. Non-publicly trader an LLC, partnershi	d stock and interests in incorpo p, and joint venture	ated and unincorporated businesses, including an in	terest in
☑ No	Name of entity:	% of ow	nership:
Yes. Give specifi information abou		0%	% \$
them		0%	% \$
		0%	

Debtor 1	Sharline First Name	Jean	Document Stork	Page 15 of 63 Case number (if known)	
	Patric	Middle Name Last N			
20. Govern	ment and core	orate bonds and other r	non-negr	atiable instruments	
Negotia	ble instruments	include personal checks.	cashiers' checks, promiss	soon nates, and manay arders	
Non-ne	gotiable instrum	nents are those you canno	t transfer to someone by s	signing or delivering them.	
infor	Give specific mation about	Issuer name:			
tnen	1	·			<u> </u>
				***************************************	\$
					\$
	ent or pension		\ 403(h) thrift savings ac	counts, or other pension or profit-sharing	
2 No		,	,, voo(o), anni aaviilgo do	counts, or other pension or profit-sharing	j piatis
	List each	Type of account: Ins	titution name:		
acco	dit separately.		utution name:		
		401(k) or similar plan:			\$
		Pension plan:	***************************************		\$
		IRA:			\$
		Retirement account:	·		<u> </u>
		Keogh:			\$
		Additional account:	***************************************		\$
		Additional account:			
Your sha Examples	deposits and pre of all unused s: Agreements ves, or others	deposits you have made	so that you may continue t, public utilities (electric, q	service or use from a company gas, water), telecommunications	
2 Yes	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Institutio	on name or individual:		
		Electric:			•
		Gas:			\$
		Heating oil:			\$
		Security deposit on rental un	_{it:} <u>Tri-County Manag</u> e	ement	
		Prepaid rent:			\$
		Telephone:			\$
		Water:			\$
		Rented furniture:			\$
		Other:			
s. Annuities	(A contract for	a periodic payment of mor	sev to you aither for life a	r for a number of veem)	
Z No	,	- konosio bakinent ai illai	oy to you, entret for the 0	i tot a number of years)	
	····	Issuer name and description	n:		
					¢
					\$
					\$

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main

	Case 16-80	1261 DOC 1	Filed 02/05/16	Entered 02/05	0/16 13:48:20	Desc Main
	Sharline	Jean	Document Stork	Page 16 of 63		
Debtor 1		Name Last Name	Stork	Case number	[(if known)	
	Patrick	William	Coocl			
24. Interest	s in an education IR	A, in an account in a	qualified ABLE program	m, or under a qualified s	tate tuition program.	
	C. §§ 530(b)(1), 529A			, ,		
☑ No						
Yes		Institution name and	description Separately (file the records of any inte	racta 11	N.
		modelon name and	accompanie Ocpanately i	nie trie records or zity filte	iesis. 11 U.S.C. 9 02 1(0	<i>i</i>).
				***************************************		\$
						\$
						\$
						¥
25. Trusts, exercis	equitable or future in able for your benefit	nterests in property (o	ther than anything list	ed in line 1), and rights o	or powers	
☑ No						
	Give specific					
	mation about them					\$
26. Patents,	, copyrights, tradema	arks, trade secrets, ar	nd other intellectual pro	operty		
	s: Internet domain na	mes, websites, proceed	ds from royalties and lice	ensing agreements		
No						
	Give specific					
infor	mation about them					\$
		her general intangible				
	s: Building permits, ex	clusive licenses, coop	erative association holding	ngs, liquor licenses, profe	ssional licenses	
No						
	Give specific					
infor	mation about them					\$
Money or p	roperty owed to you'	?				Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
28. Tax refu	nds owed to you					
☐ No						
Z Yes.	Give specific informati	ion 2045 E-				2,239.00
;	about them, including	whether ZV13 ⊑a	rned Income Tax C deral tax refund - \$3	redit - \$2,000.00;	Federal: \$	
	you already filed the re and the tax years	etums 2010 e	nd - \$335 (estimated	239.00, 2013 State	State: \$	335.00
	,		ns not filed)	•	Local: \$	0.00
			,			
29. Family s						
Examples	s: Past due or lump su	ım alimony, spousal su	oport, child support, mair	ntenance, divorce settlem	ent, property settlemen	t
ZI No						
Yes. 0	Give specific informati	on				
					Alimony:	\$
					Maintenance:	\$
					Support:	\$
					Divorce settlement:	\$
					Property settlement:	\$
30 Other am	ounts someone owe	e vou				
Examples	: Unpaid wages, disat	bility insurance paymen	ts, disability benefits, sig	k pay, vacation pay, worl	kers' compensation	
	Social Security bene	efits; unpaid loans you	nade to someone else	, ,, pwji itoli		
2 No						
🔲 Yes. C	Sive specific information	on				
						e ·

	Case 16-8	070T D	oc 1	-11ea 02/05/16		02/05/16 13:48:20	Desc Main
Debtor 1	Sharline	Jean		Document Stork	Page 17	OT 63 Case number (if known)	
		Idie Name	Last Name	Good	·	THE PROPERTY OF MICHIGAN	**************************************
	Potrick	WILL	VV~	6000			
	s in insurance pol						
	s: Health, disability	, or life insuran	ce; health	savings account (HSA)); credit, homeov	wner's, or renter's insurance	
□ No							
∠ Yes.	Name the insurance of each policy and	e company list its value	Company	name:		Beneficiary:	Surrender or refund value:
			Blue Cr	oss Blue Shield H	ealth Insura	Debtor	\$0.00
If you are property I No	rest in property the the beneficiary of because someone Give specific inform	a living trust, ex has died.	from some xpect proce	eone who has died eds from a life insurar	nce policy, or are	e currently entitled to receive	
- 100.	Oive specific inform	/GUOTI,					\$
00 01 -1							
Examples	gainst third partie 5: Accidents, emplo	s, whether or vment disputes	not you ha Linsurance	i ve filed a lawsuit or cdaims, or rights to su	made a demand	d for payment	
☑ No	,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, wanto, or rights to st			
🔲 Yes. 🛭	Describe each clain	n					
							\$
to set off	ntingent and unliq claims	uidated claims	s of every	nature, including cou	interclaims of t	he debtor and rights	
☑ No	Describe each clain						
∟ 1€5. L	Jeschbe each clain	1					\$
35. Any finan	cial assets you di	d not aiready	list				
☑ No							
☐ Yes. G	Bive specific inform	ation					S
							V
36. Add the d	ollar value of all o	f your entries	from Part	4, including any entr	ies for pages y	ou have attached	
for Part 4.	Write that number	r here				→	\$4 ,576.81
Andrew Control Con							
Part 5:	escribe Any I	Business-R	elated P	roperty You Ow	n or Have a	n Interest In. List any r	eal estate in Part 1.
37. Do you ow	n or have any leg	al or equitable	interest i	n any business-relate	ed property?		
No. Go				,	a property:		
🚨 Yes. G	o to line 38.						
							Current value of the
							portion you own?
							Do not deduct secured claims or exemptions.
38. Accounts	receivable or com	missions you	already ea	rned			
☐ No		,					
Yes. De	escribe						
							\$
	ipment, furnishing						
Examples: Bo	usiness-related comp	uters, software, n	nodems, prin	ters, copiers, fax machine	es, rugs, telephone	s, desks, chairs, electronic devices	
☐ No☐ Yes. De	ecrihe						
163. DC	IDG						\$

Debtor 1	Case 16 Sharline First Name	6-80261	Doc 1 Jean Last Name	Filed 02/05/16 Document Stork	Entered 02/05/16 13:48:20 Page 18 of 63 Case number (# known)	
	Patric		www.	bood		'
40. Machine	ery, fixtures, e	quipment, s	supplies you use	in business, and tools	s of your trade	
☐ No						
Yes.	Describe					\$
41. Inventor	y					
	Describe					•
						Ψ
	in partnershi	ps or joint v	ventures			
☐ No	Danasha					
wall tes.	Describe	Name of ent			% of ownership:	
					% %	\$
						\$ \$
43 Customs	r liata mailine	. Iîsan	her compilation	_		
☐ No			•			
		nclude pers	sonally identifial	ole information (as defi	ned in 11 U.S.C. § 101(41A))?	
	No Yes. Descri	ha				
						\$
44. Any busi	ness-related p	roperty you	u did not already	list		
	Give specific					\$
mon						\$
						\$
						\$
		·····				\$
						\$
45. Add the of for Part 5	dollar value of i. Write that nu	all of your	entries from Par	t 5, including any entri	es for pages you have attached	\$
						<u> </u>
Part 6:	Describe Any f you own or h	/ Farm- an lave an inte	d Commercial rest in farmland	Fishing-Related Pro	operty You Own or Have an Interest i	n.
46. Do vou o	vn or have an	/ legal or or	uitable interest	in any farm or comme	ercial fishing-related property?	
₩ No. G	o to Part 7.	,	farmaio infelest	any latter of couling	лога пэнну-ген аге а ргоре п у?	
Yes. G	So to line 47.					
						Current value of the portion you own?
						Do not deduct secured claims
47. Farm anir	· ·					or exemptions.
	: Livestock, pou	ıltry, farm-ra	ised fish			
☐ No ☐ Yes	*					
						_
						\$

	Case 16-80261	Doc 1	Filed 02/05/16		d 02/05/16 13:48:20	Desc Main
Debtor 1	Sharline First Name Middle Name	Jean Last Name	Document Stork	Page 19	OI 03 Case number (if known)	
		illian	600d			
48. Crops — No	either growing or harveste	ed				
Yes.	Give specific					
	nation					\$
☐ No	d fishing equipment, imple	ments, machin	ery, fixtures, and tools	of trade		
Yes						_
50. Farm and	d fishing supplies, chemic	als and feed				\$
☐ No		and, and 1000				
☐ Yes						•
51. Any farm	- and commercial fishing-	related property	v vou did not already li	e f		\$
☐ No	Give specific		, you are motorically in			
	ation					\$
52. Add the	dollar value of all of your e	entries from Pai	rt 6, including any entri	es for pages	you have attached	\$
for Part 6	. Write that number here		••••••			
Part 7:	Noscribo All Bronost	y You Our		-4 Fm - Th m 4 Y	You Did Not List Above	
4				st in I nat	TOU DIG NOT LIST Above	
	ave other property of any i Season tickets, country club me		ot already list?			
Ø No □ Vas (Sive specific					\$
	ation					\$
						\$
54. Add the d	ollar value of all of your e	ntries from Parl	7. Write that number h	iere	·····	\$
						<u> </u>
Part 8:	ist the Totals of Eac	h Part of th	is Form			
55. Part 1: To	tal real estate, line 2	************************			→	\$ 0.00
56. Part 2: To	tal vehicles, line 5		\$	0.00		
57. Part 3: To	tal personal and househol	d items, line 15	\$	2,525.00		
58. Part 4: Tot	tal financial assets, line 36		\$	4,576.81		
59. Part 5: Tot	al business-related prope	rty, line 45	\$	0.00		
	al farm- and fishing-relate	_	52 \$	0.00		
	al other property not lister		+ s	0.00		
62. Total perso	onal property. Add lines 56	through 61	•	7,101.81	Copy personal property total 👈	+s 7,101.81
Para	proporty: / tota mice oc	anough Gr	······································	(opy personal property total 🤧	T \$ 1,101.63
63. Total of all	property on Schedule A/E	3. Add line 55 + I	line 62	************************		s 7,101.81
	·					¥

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 20 of 63 Document

Fill in this i	nformation to iden	tify your case:	
Debtor 1	Sharline	Jean	Stork
	First Name	Middle Name	Last Name
Debtor 2	Patrick	William	Good
(Spouse, if filing	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	the: Northern District of Ill	inois
Case number (If known)		· · · · · · · · · · · · · · · · · · ·	Marchard Co

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	Property You	Claim as	Exempt
---------	--------------	---------------------	----------	--------

1.	You are cla	xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any proper	rty you list on Schedule A/B t	nat you claim as exem _l	pt, fill in the information below.	
	Brief descripti Schedule A/B	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption,	
	Brief description:	Toyota Camry	\$ <u>0.00</u>	2 1 \$ 0.00	735 III. Comp. Stat.
	Line from Schedule A/B:	3.2		☐ 100% of fair market value, up to any applicable statutory limit	5/12-1001 (c)
	Brief description:	Household Goods	\$ <u>1,200.00</u>	2 \$ 1,200.00	735 III. Comp. Stat.
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	5/12-1001 (b)
	Brief description:	Electronics	\$ <u>400.00</u>	2 \$ 400.00	735 III. Comp. Stat.
	Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	5/12-1001 (b)
		ng a homestead exemption of			
	No	somenic on 4/01/10 and every 3 y	ears after that for cases	s filed on or after the date of adjustment.)	
	para,	acquire the property covered b	y the exemption within 1	1,215 days before you filed this case?	
	☐ No ☐ Yes				

William

Document

Good

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 21 of 63

Debtor 1

Sharline First Name

Jean

Stork

Case number (if known)_

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	Precious Moments	\$ 100.00	100.00 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	Sports and hobby eq	\$50.00		735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	Clothes and Shoes	\$ 500.00	\$ 500.00 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (a)
Brief description: Line from Schedule A/B:	Jewelry 12	\$ 250.00	\$ 250.00 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	<u>Cat</u>	\$25.00	■ \$ 25.00 ■ 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	<u>Cash</u> <u>16</u>	\$20.00	\$ 20.00 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	Deposits of money	\$	\$ 737.81 100% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B;	Security Deposits 22	\$1,245.00		735 III. Comp. Stat. 5/12-1001 (b)
Brief description: Line from Schedule A/B:	Tax Refunds	\$2,574.00	\$\frac{2,574.00}{100\% of fair market value, up to any applicable statutory limit	735 III. Comp. Stat. 5/12-1001 (g)(1)
Brief description: Line from Schedule A/B;		\$	☐ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	***************************************	\$	□ \$ 100% of fair market value, up to any applicable statutory limit	

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 22 of 63

Fill in this information to identify your ca	ise:							
Debtor 1 Sharline Jea	Name	Stork						
	Name liam	Last Name Good						
(Spouse, if filing) First Name Middle	Name	Last Name						
United States Bankruptcy Court for the: Northern	District of Illinois							
Case number (if known)							Chook	if this is an
								led filing
Official Form 106D								-
	o Who H	lava Claima Sa			L D		. 	
Schedule D: Creditor Be as complete and accurate as possible.								12/15
information. If more space is needed, cop additional pages, write your name and car. 1. Do any creditors have claims secured to the large page in the large page in the large page. Yes. Fill in all of the information below.	se number (if kn by your property m to the court wit	оwп). ?					•	f any
Part 1: List All Secured Claims								
List all secured claims. If a creditor has n for each claim. If more than one creditor h As much as possible, list the claims in alph	nas a particular cla	aim, list the other creditors in Par	arately rt 2.	Do no	nn A unt of claim t deduct the of collateral.	Valu	mn B ue of collateral supports this m	Column C Unsecured portion If any
2.1 Toyota Financial Services	Describe the pa	roperty that secures the claim:		\$	21,538.9	5 s	11,679.00	s 9,859.95
Creditor's Name P.O. Box 8026	- 2013 Toyota					-		
Number Street		Carrily LE						
		you file, the claim is: Check all tha	at apply.					
Cedar Rapids IA 54209	☐ Contingent☐ Unliquidated							
City State ZIP Code	Disputed							
Who owes the debt? Check one.	Nature of lien. (Check all that apply.						
Debtor 1 only		nt you made (such as mortgage or se	cured					
Debtor 2 only	car loan)							
Debtor 1 and Debtor 2 only At least one of the debtors and another		(such as tax lien, mechanic's lien)						
		n from a lawsuit ing a right to offset)						
Check if this claim relates to a community debt	- Onto (mode)	ing a right to onset)						
Date debt was incurred 03/20/5	Last 4 digits of	account number 1 1 0	2					
.2		operty that secures the claim:		ŝ		\$		5
Creditor's Name	, , , , , , , , , , , , , , , , , , ,		Ì		TR. TA. A. A	¥ <u></u>	***************************************	ν
Number Street								
	As of the date y	ou file, the claim is: Check all that	t apply.					
The state of the s	Contingent	•						
City State ZIP Code	Unliquidated							
	☐ Disputed							
Who owes the debt? Check one.		heck all that apply.						
Debtor 1 only Debtor 2 only	An agreement car loan)	t you made (such as mortgage or sec	cured					
Debtor 1 and Debtor 2 only		(such as tax lien, mechanic's lien)						
At least one of the debtors and another	Comp.	from a lawsuit						
	Other (including	ng a right to offset)						
Check if this claim relates to a community debt								

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 23 of 63

Priority Creditor's Name				Docum	ieni Paye	23 01 03			
Debbut 2 Patrick William Good	Fill in this	information to identify y	our case:						
Debbut 2 Patrick William Good		Sharling	loon	C.	- le				
Check if this is Continue	Debtor 1								
United States Backuptory Court for the Northern District of Illinois	Debtor 2	Patrick			. i				
Case number (or howing) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complote and accurate as possible. Use Part 1 for creditors with PRORITY claims and Part 2 for creditors with NONPRIORITY claims. It is the other party to any accuratory contracts or aneogenia bases that could result in a slab rate of the accurate such NONPRIORITY claims. It is the claim and Part 2 for creditors with NONPRIORITY claims. It is the claim as the party to any accurate or accurate a possible of the accurate or accurate and in the country contracts on Schedule Walk-Property (Indicated Form 166A) and no Schedule & Executory Contracts and Indicated by Property, if more space is receded, copy the Part you need, fill to ut, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of part 2 the country additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 10 boary creditors have priority unsecured claims against you? All to accurate the country of the party of the creditor separately for each claim. For each claim fisted, identify what type of claim is it. if a creditor has more than one priority unsecured daim, list the creditor separately for each claim. For each claim fisted, identify what type of claim is it. if a claim has both priority and non-priority amounts, its that claim here and show both priority and call the country of the party of the creditors have priority unsecured claims. For each claim fisted, identify what type of claims is it. if a claim has both priority and the creditor senant read show both priority and call the creditor senant show both priority and call the creditor separately for each claim. For each claim fisted, identify what type of claims is it as claim has both priority and the creditor and show both priority and call the creditor senant show both priority and call the creditor senant show both priority and call the claim is the collect of the creditor and show the part		g) First Name	***************************************						
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For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim	nonpnont	y amounts. As much as po	ossible, list the o	daims in alphab	etical order accordin	a to the creditor's :	name If vou hav	e more than to	un priority
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As of the debtor same Contingent Contin									
Claims for death or personal injury while you were intoxicated Claims subject to offset? Other. Specify Other. Specif	At leas	st one of the debtors and ano	ther			own the dovernment			
Is the claim subject to offset? No Yes Last 4 digits of account number	☐ Chec	k if this claim is for a com	munity debt						
Other. Specify No	Is the cla	im subject to offset?			death of personal filliary	wine you were			
Yes Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Other, Spe	cify				
Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify	Yes						_		
Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury white you were intoxicated Is the claim subject to offset? Other. Specify Other. Specify					_				
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As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Check all that				When was the	debt incurred?	etro-Total to Tablish Verson was assume gauge.			
City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify	Number	Street							
City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Disputed Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify				As of the date	you file, the claim is	: Check all that apply	/ .		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify				•					
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify	City	State	ZIP Code		d				
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify				□ Disputed					
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		•		Type of PRIO	RITY impaction of	im:			
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify ☐ Other. Specify						Htíi,			
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No Claims for death or personal injury while you were intoxicated Other. Specify									
Is the claim subject to offset?									
Is the claim subject to offset? Other. Specify	☐ Check	cif this claim is for a com	munity debt	 Claims for dintoxicated 	teath or personal injury	while you were			
□ No		im subject to offset?			ify				
$\Box_{N_{co}}$				•			•		

Del	btor 1	Case 16-80261 Shartine	Doc 1 Jean	Filed 02/09 Docume		Entered 02/05/1 Page 24 of 63		Desc Main	
D.	nrt 21	Tirst Name Middle Name List All of Your NONPR	Last Nar	Good		Sudd Harrison (ii	, Kilowiii	***************************************	
		creditors have nonpriority You have nothing to report in	unsecured	claims against yo	u?	rt with your other schedules.			
4.	nonprior	rity unsecured claim, list the	creditor sepa creditor holds	rately for each clair	m. For	of the creditor who holds each claim listed, identify whe other creditors in Part 3.If you	at type of claim it is	Do not list claims already	
4.1] BA D	roperty Group					5 A A 7	Total claim	
L		ity Creditor's Name	V112-1-1-1	, 2474, 1024, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044, 1044,		st 4 digits of account number		s760.66	3
	1305 Number	Wiley Rd Suite 104		*************	Wh -	en was the debt incurred?	04/01/2015		
		umburg	IL	60173					
	City		State	ZIP Code	As	of the date you file, the claim	is: Check all that apply	<i>į</i> .	
	☐ Deb	acurred the debt? Check one.				Contingent Unliquidated Disputed			
	F7779	otor 2 only otor 1 and Debtor 2 only			Tve	ne of NONPRIORITY unsecu	and eleius.		
		east one of the debtors and anoth	ner			Student loans	ired Claim:		
	☐ Che	eck if this claim is for a comm	nunity debt			Obligations arising out of a separ		orce	
		claim subject to offset?	·			that you did not report as priority Debts to pension or profit-sharing Other. Specify Damages O	plans, and other simila		
4.2	Best i	Buy Credit Services			Las	t 4 digits of account number	8 2 3 1	s 960.00	j
		ty Creditor's Name				en was the debt incurred?	03/2015		
	P.O. E	Box 6084 Street	~- 	******			•		
	Sioux		SD	57117	As c	of the date you file, the claim	is: Check all that apply		
	City		State	ZtP Code		Contingent			
	Who in	curred the debt? Check one.				Unliquidated			
		tor 1 only				Disputed			
		tor 2 only tor 1 and Debtor 2 only			Тур	e of NONPRIORITY unsecu	red claim:		
		ast one of the debtors and anoth	er			Student loans			
	☐ Che	ck if this claim is for a comп	unity debt			Obligations arising out of a separathat you did not report as priority	ation agreement or divo	rce	
		laim subject to offset?	•			Debts to pension or profit-sharing		r debts	
	No Yes	·			4	Other. Specify goods purch	ased	WAREHOUSE	
4.3	Citi C				Last	4 digits of account number	5 5 5 7	s 1,829.49	
	P.O. E	y Creditor's Name					114-041	15 \$ 1,029.49	
	Number	Street	7-21/-					, •	
	Sioux	Fails	SD	57117	As o	f the date you file, the claim i	s: Check all that apply.		
	•		State	ZIP Code		Contingent			
	Who inc	curred the debt? Check one.			Q į	Jnliquidated			
	Debte	or 2 only				Disputed			
	☐ Debte	or 1 and Debtor 2 only			Type	of NONPRIORITY unsecur	ed claim:		
		ast one of the debtors and anothe				Student loans			
	☐ Chec	ck if this claim is for a comm	unity debt			Obligations arising out of a separa		ce	
		aim subject to offset?				hat you did not report as priority c Debts to pension or profit-sharing		dehte	
	₩ No Yes				4 c	Other. Specify goods purch	ased		

Debto		Jean	Document Document	Page 25 of 63 Case number (# known)	
W. 65 W. 6	Eirst Name Middle Nar	me Last Na Williah		· · · · · · · · · · · · · · · · · · ·	
Pan	ENGINEER .	Y Unsecured C	Claims — Continuati	ion Page	
- September 1	Y				
Afte	r listing any entries on this p	page, number the	em beginning with 4.4	, followed by 4.5, and so forth.	Total claim
4.4					
4.4	Comenity Bank			Last 4 digits of account number 0 4 2 8	s 1,732.9
	Nonpriority Creditor's Name			When was the debt incurred? 03/14/2015	\$ 1,702.0
	P.O. Box 182273			When was the debt incurred?	
	Columbus	ОН	43218	As of the date you file, the claim is: Check all that apply.	
:	City	State	ZIP Code	☐ Contingent	
1	Who incurred the debt? Check	one.		Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
+	At least one of the debtors and	f another		Obligations arising out of a separation agreement or divorce that	
1	Check if this claim is for a	community debt		you did not report as priority claims	
ı	s the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify goods purchased	
Į	M No			Office: Opecary goods paroriaded	
(☐ Yes				
4.5					
<u> </u>	Discover Financial Servi lonpriority Creditor's Name	ices		Last 4 digits of account number 1 8 6 1	s <u>1,444.35</u>
				When was the debt incurred? 0114-04/15	
_	P.O. Box 30943	PP444		<u> </u>	
:	Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.	
ā	ity	State	ZIP Code	☐ Contingent	
v	Who incurred the debt? Check	one		Unliquidated	
	Debtor 1 only	one.		☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
C	Debtor 1 and Debtor 2 only				
C	At least one of the debtors and	another		Student loansObligations arising out of a separation agreement or divorce that	
	Check if this claim is for a c	:ommunity deht		you did not report as priority claims	
	s the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	No			Other Specify goods purchased	
	Yes				
.6]					s 37.90
<u>F14</u>	Disney Movie Club onpriority Creditor's Name			Last 4 digits of account number 9 5 2 3	T
	P.O. Box 758			When was the debt incurred? 05/12/2015	
	umber Street				
_	leenah	WI	54957	As of the date you file, the claim is: Check all that apply.	
Cit	ty	State		Contingent	
w	no incurred the debt? Check o	ne.		Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and a	nother		Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a co	ommunity debt		you did not report as priority claims	
	the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify goods purchased	
	I NO I Vac				

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main

Deb	otor 1	Case 16-80261 Sharline	Doc 1 Jean	Documer		Main
Pa	rt 2:	Patrick U	Last Na Dillicov Secured C	, ,	ation Page	
Aft	er listin	g any entries on this page,	number the	em beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
4.7	^J Dupa	age Health Specialists			Last 4 digits of account number 3 2 8 1	\$_3,050.66
	3033	Ogden Ave Suite 300			When was the debt incurred? 10/29/2014	
	Number Lisle		IL	60532	As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	Contingent Unliquidated	
		ncurred the debt? Check one. otor 1 only			☐ Disputed	
	Det Det	otor 2 only			Type of NONPRIORITY unsecured claim:	
		otor 1 and Debtor 2 only east one of the debtors and anot	her		Student loans	
	Осы	eck if this claim is for a com	munity deht		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
		claim subject to offset?	namey door		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	
4.8	Edwa	ard Hospital			Last 4 digits of account number 8 5 5 3	s10.00
	Nonpriori	ty Creditor's Name Box 140520			When was the debt incurred? 09/08/2015	
	Number Tolec	Street	ОН	43614	As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	☐ Contingent	
	Who in	curred the debt? Check one.			Unliquidated	
		tor 1 only			☐ Disputed	
	•	tor 2 only			Type of NONPRIORITY unsecured claim:	
		tor 1 and Debtor 2 only			☐ Student loans	
	☐ At le	ast one of the debtors and anoth	er		Obligations arising out of a separation agreement or divorce that	
	Che	ck if this claim is for a comn	nunity debt		you did not report as priority claims	
	Is the c	laim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical Services	
4.9						40.00
1.0		rd Hospital y Creditor's Name			Last 4 digits of account number 8 5 6 8	\$10.00
	-	Box 140520 Street			When was the debt incurred? 08/01/2015	
	Toled		ОН	43614	As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	Contingent	
	Who inc	curred the debt? Check one.			Unliquidated Disputed	
	☑ Debt				- Disputed	
	Debt	or 2 only			Type of NONPRIORITY unsecured claim:	
		or 1 and Debtor 2 only			Student loans	
	At lea	ast one of the debtors and anothe	er		Obligations arising out of a separation agreement or divorce that	
	☐ Chec	ck if this claim is for a comm	unity debt		you did not report as priority claims	
	is the cl	aim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify (CRA) (COL)	
	No Yes				- Caron Opening 17 Ballins (TV VI)	

Official Form 106E/F

Del	btor 1	Case 16-8 Sharline	30261 D Jear	oc 1	Filed 02/ Doc s		Entered 02/05/1 Page 27 of 63	6 13:48:20 De	esc Main
Pa	int 2:	Patrick Your NONPRIC	iddle Name OII DRITY Unsec	Last Name I GMA ured Ci	Gan	d			
Afi	ter listin	ng any entries on	this page, nun	nber the	m beginning wi	th 4.4, fo	llowed by 4.5, and so forth.		Total claim
4.10	J Edw	ard Hospital				Li	ast 4 digits of account numbe	er <u>7 9 0 0</u>	s 103.00
	P.O.	ority Creditor's Name Box 140520				W	hen was the debt incurred?	07/07/2015	
	Number			ОН	43614	A	s of the date you file, the clai	m is: Check all that apply.	
	City			State	ZIP Code		Contingent Unliquidated		
	Del	ncurred the debt? btor 1 only	Check one.				Disputed		
	T.,	btor 2 only btor 1 and Debtor 2 o	กใy				ype of NONPRIORITY unsecu	ured claim:	
	At I	least one of the debto	ors and another				Student loans Obligations arising out of a sep	aration agreement or divorce	that
		eck if this claim is claim subject to of		ty debt			you did not report as priority da Debts to pension or profit-shari	ng plans, and other similar de	bts
	M No	•				X 4	Other. Specify Medica	serves.	
	Yes	5							
4.1	Edwa	ard Hospital				La	st 4 digits of account number	r <u>5 7 0 6</u>	s <u>10.00</u>
	P.O.	ity Creditor's Name Box 140520				 Wi	hen was the debt incurred?	07/06/2015	
	Number Toled		(——— ЭН	43614	As	of the date you file, the clain	is: Check all that apply.	
	City		S	iate	ZIP Code		Contingent Unliquidated		
		ncurred the debt? (otor 1 only	Check one.				Disputed		
	🗸 Deb	otor 2 only				Туј	pe of NONPRIORITY unsecu	red claim:	
		otor 1 and Debtor 2 or east one of the debtor					Student loans		
		eck if this claim is i		v debt			Obligations arising out of a sepa you did not report as priority dai	ms	
		laim subject to off	•			20 7	Debts to pension or profit-sharin Other. Specify Medical	g plans, and other similar det	ots
	No Yes					•	-		
4.12									10.00
		rd Hospital	· · · · · · · · · · · · · · · · · · ·			Las	st 4 digits of account number	1 1 2 2	_{\$} 10.00
	P.O. I	Box 140520				Wh	en was the debt incurred?	11/16/2015	
	Number Toled	Street O		ЭН	43614	As	of the date you file, the claim	is: Check all that apply.	
	City		Šta	ate	ZIP Code		Contingent Unliquidated		
		curred the debt? C	heck one.				Disputed		
	Debt	lor 1 only				75	. / NONDE COURT		
		or 2 only for 1 and Debtor 2 on	lv				be of NONPRIORITY unsecur	ed claim:	
	☐ At lea	ast one of the debtors	s and another				Student loans Obligations arising out of a separ	ention paragraph and an alternative	4
	☐ Che	ck if this claim is f	or a community	debt			you did not report as priority clain	ns	
		laim subject to offs				Maria Maria	Debts to pension or profit-sharing Other. Specify Medical	plans, and other similar debi	ts
	No Yes					7			

Debtor 1		Doc 1 ean	Filed 02/05 Dogumer		Main
	First Name Middle Name	Last Na	4 &		
Part 2:	YOUR NONPRIORITY UN	Jillian	Lood Continue	ation Daga	
		Jeogree (James Continue	ation rage	
After lis	sting any entries on this page,	number the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4:					
	dward Hospital			Last 4 digits of account number 5 0 8 4	\$ 50.00
P.	priority Creditor's Name O. Box 140520			When was the debt incurred? 05/07/2015	
	nber Street Diedo	ОН	43614	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	Contingent	
18.00-	io incurred the debt? Check one.			☐ Unliquidated	
				☐ Disputed	
	Debtor 1 only Debtor 2 only			T (MONDBIODED)	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and anoth	ег		Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
ш.	Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts	
	he claim subject to offset?			Other Specify medical services	
2					
	Yes				
Nonp	Iward Hospital priority Creditor's Name O. Box 140520	, 10.		Last 4 digits of account number 8 9 4 8 When was the debt incurred? 06/12/2015	\$ 10.00
	ber Street ledo	ОН	43614	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	☐ Contingent	
				□ Unliquidated	
	o incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe			☐ Student loans	
				Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a comm	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
ls th	ne claim subject to offset?			Other. Specify medical services	
₩ 1	No				
O Y	í es				
t-7					
Fd.	ward Hospital			Last 4 digits of account number 8 8 1 1	s <u>10.00</u>
	riority Creditor's Name			0.4/0.4/0.4/5	
	D. Box 140520			When was the debt incurred? 04/24/2015	
Numb Tol	per Street edo	ОН	43614	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	☐ Contingent	
Who	incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONDDIODITY uppersured electric	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	it least one of the debtors and anothe	·F		Student loans	
По	Check if this claim is for a comm	mitu dahi		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		anny acot		Debts to pension or profit-sharing plans, and other similar debts	
	e claim subject to offset?			Other Specify medical services	
Ø №					

Page 29 of 63 Document Sharline Debtor 1 First Name Strick MIGM Your NONPRIORITY Unsecured Claims - Continuation Page 21620 Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 4. Last 4 digits of account number 9 4 7 5 10.00 Edward Hospital Nonpriority Creditor's Name 08/14/2015 When was the debt incurred? P.O. Box 140520 Number Street As of the date you file, the claim is: Check all that apply. 43614 Toledo OH ZIP Code State City Unliquidated Who incurred the debt? Check one Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Medical Services X No Yes Last 4 digits of account number 7 7 6 0 305.41 **Edward Hospital** Nonpriority Creditor's Name 10/29/2014 When was the debt incurred? P.O. Box 140520 Number As of the date you file, the claim is: Check all that apply. OH 43614 Toledo City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical Services Is the claim subject to offset? M No ☐ Yes 476.64 Last 4 digits of account number 0 3 1 5 **Edward Hospital** Nonpriority Creditor's Name 11/07/2013 When was the debt incurred? P.O. Box 140520 Number Street As of the date you file, the claim is: Check all that apply. Toledo OH 43614 ZIP Code State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts M Other Specify medical services Is the claim subject to offset? No.

☐ Yes

Case 16-80261

Doc 1

Filed 02/05/16

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Desc Main

Debto	r 1 Sharline First Name Middle Name	Jean	Docalible L	Page 30 of 63 Case number (if known)			
		1.0111CN	,				
Part	4 Your NONPRIORITY U	secured	Claims — Continua	ation Page			
							
After	listing any entries on this page	, number th	em beginning with 4	i.4, followed by 4.5, and so forth.	Total claim		
4.							
	Edward Hospital			Last 4 digits of account number 6 4 2 7	100.01		
	Nonpriority Creditor's Name			0010410044	_{\$} 198.91		
	P.O. Box 140520			When was the debt incurred? 06/04/2014			
	Number Street Toledo	011	40044	As of the date you file, the claim is: Check all that apply.			
_	City	OH State	43614 ZIP Code				
	•	0.2.0	III Oods	☐ Contingent ☐ Unliquidated			
	Who incurred the debt? Check one.			Disputed			
	Debtor 1 only						
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and anot	her		Student loans			
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
	Check if this claim is for a com	munity debt		Debts to pension or profit-sharing plans, and other similar debts			
	s the claim subject to offset?			M Other Specify Medical Scruices			
-	No ☑ Yes						
	→ 165						
20							
<u>20</u>] ,	Edward Hospital			Last 4 digits of account number 1 8 0 8	s 1,459.02		
N	Ionpriority Creditor's Name			········· ········	\$ <u>1,400.02</u>		
F	P.O. Box 140520			When was the debt incurred? 10/30/2014			
	lumber Street	O++	40044	As of the date you file, the claim is: Check all that apply.			
	Toledo itv	OH State	43614 ZIP Code				
		Sillie	Zir Code	☐ Contingent☐ Unliquidated			
	Vho incurred the debt? Check one.			Disputed			
-	Debtor 1 only						
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and anoth	ner		Student loans			
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts			
	the claim subject to offset?			Other Specify Wedical Services			
	No Yes						
	. 103						
انا					_s 587.13		
E	dward Hospital			Last 4 digits of account number 6 7 5 2	Ψ		
	onpriority Creditor's Name			When was the debt incurred? 10/24/2014			
	P.O. Box 140520 Imber Street						
T	oledo	ОН	43614	As of the date you file, the claim is: Check all that apply.			
Cit	у	State	ZIP Code	Contingent			
w	ho incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
Ò	Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only			☐ Student loans			
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
ls	the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Wedical Services			
M	No			- and opposit the state of the			
	Yes						

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main

De	btor 1	Case 16-8026 Sharline First Name Middle Nam	Jean	Filed 02/05/: Docsment	16 Entered 02/05/16 13:48:20 Desc Page 31 of 63	Main		
Part 2: Pour NONPRIORITY Unsecured Claims — Continuation Page								
Af	ter listin	g any entries on this p	age, number the	m beginning with 4.4	, followed by 4.5, and so forth.	Total claim		
Great Lakes Credit Union			on		Last 4 digits of account number 6 4 1 0 \$ 3,167.2			
	Nonpriority Creditor's Name 2525 Green Bay Rd			When was the debt incurred? 12/26/2014	*			
	Number Norti	Street n Chicago	ΙĻ	60064	As of the date you file, the claim is: Check all that apply.			
	City		State	ZIP Code	☐ Contingent☐ Unliquidated			
		ncurred the debt? Check	one.		☐ Disputed			
	Det Det	otor 1 only otor 2 only			Type of NONPRIORITY unsecured claim:			
		otor 1 and Debtor 2 only			Student loans			
		east one of the debtors and			Obligations arising out of a separation agreement or divorce that			
		eck if this claim is for a c claim subject to offset?	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
	No Yes	•			Other Specify Personal Loan			
	ı							
23	Rush	Copley			Last 4 digits of account number 7 4 5 1	s 100.00		
	Nonpriori	ty Creditor's Name			When was the debt incurred? 08/21/2015			
	P.O. Number	Box 352 Street						
	Auror	а	IL .	60507	As of the date you file, the claim is: Check all that apply.			
	City		State	ZIP Code	Contingent Unliquidated			
		curred the debt? Check of	one.		Disputed			
		tor 1 only tor 2 only			Type of NONPRIORITY unsecured claim:			
	Debt	or 1 and Debtor 2 only			Student loans			
		ast one of the debtors and a			Obligations arising out of a separation agreement or divorce that			
		ck if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
	Is the c	laim subject to offset?			Other Specify <u>medical services</u>			
	Yes							
4.						s 100.00		
الوجعيا		Copley			Last 4 digits of account number 7 2 9 2	\$		
	P.O. E	Creditor's Name			When was the debt incurred? 08/21/2015			
	Number Aurora	Street	IL	60507	As of the date you file, the claim is: Check all that apply.			
	City		State	ZIP Code	Contingent			
	Who inc	curred the debt? Check or	ne.		Unliquidated Disputed			
	Debte				Disputed			
	Debte	or 2 only or 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
At least one of the debtors and another			Student loans Obligations pricing out of a consection government out in the following pricing out of a consection government out in the following pricing out of a consection government out in the following pricing out of a consection government out in the following pricing out of a consection government out in the following pricing out of a consection government out of the following pricing out of a consection government out of the following pricing government out of the following pricing government out of the following pricing government out of the following governm					
	☐ Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services				
	Is the claim subject to offset?							
	No D				The second second			

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 32 of 63 Debtor 1 First Name Potrick William Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 5 5 7 7 Rush Copley 104.82 Nonpriority Creditor's Name 09/15/2014 When was the debt incurred? P.O. Box 352 Number As of the date you file, the claim is: Check all that apply. 60507 IL Aurora City State ZIP Code Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? DO Other. Specify Medical Services No. Yes Last 4 digits of account number 5 4 5 3 474.39 Synchrony Bank - Bankruptcy Department Nonpriority Creditor's Name 05/01/2015 When was the debt incurred? P.O. Box 965060 Number As of the date you file, the claim is: Check all that apply. Orlando FL 32896 ZIP Code Contingent City State ☐ Unliquidated Who incurred the debt? Check one Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts M Other Specify acods purchased Is the claim subject to offset? Mo No ☐ Yes 44 \$ 47,889.76 Last 4 digits of account number 4 7 7 7 Navient - Department of Education Loan Nonpriority Creditor's Name When was the debt incurred? 08/08 - 04/14 P.O. Box 9635 Number Street As of the date you file, the claim is: Check all that apply Wilkes - Barre PA 18773 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only 🚨 Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify

No Yes

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 33 of 63 Document Debtor 1 looohMolliam Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 7 8 5 9 s 8,461.14 FedLoan Servicing Nonpriority Creditor's Name 09/19/2012 When was the debt incurred? P.O. Box 69184 Number Street As of the date you file, the claim is: Check all that apply. Harrisburg PA 17106 City ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only M Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify___ No. Q Yes Last 4 digits of account number 3 3 9 5 53.87 Edward Hospital Nonpriority Creditor's Name 02/24/2014 When was the debt incurred? P.O. Box 140250 Number As of the date you file, the claim is: Check all that apply. Toledo OH 43614 City ZIP Code Contingent State Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Medical Services No. Yes Last 4 digits of account number

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Is the claim subject to offset?

As of the date you file, the claim is: Check all that apply.

☐ Disputed

Contingent
Unliquidated

Type of NONPRIORITY unsecured claim:

Student loans
Obligations arising out of a separation agreement or divorce that
you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
Other. Specify

Debtor 1 only
Debtor 2 only

Document

Desc Main

Debtor 1

Sharline

Jean

Page 34 of 63

Part 3:

First Name Potnck William 600d
List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Allied Interstate			On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 361445			Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Columbus	OH State	43236 ZIP Code	Last 4 digits of account number 7 9 4 3
Atlantic Credit & Finan	-	70000	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 12966 Number Street			Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Roanoke	VA State	24030 ZIP Code	Last 4 digits of account number 3 9 1 5
Baron's Creditors Serv	rices Corp		On which entry in Part 1 or Part 2 did you list the original creditor?
155 Revere Drive Number Street Suite 9	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Northbrook City	IL State	60062 ZiP Code	Last 4 digits of account number 3 5 7 4
Medical Business Bure	au, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
1175 Devin Dr Number Street	,	MM+1br.	Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Suite 173 North Shores	MI	49441	Claims Last 4 digits of account number 4 7 2 0
NCC Business Services	State s Inc	ZIP Code	
Name 9428 Baymeadows Rd			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville City	FL State	32256 ZIP Code	Last 4 digits of account number 5 8 5 9
Medical Recovery Spec			On which entry in Part 1 or Part 2 did you list the original creditor?
2250 E Devon Ave		774474	Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Suite 352	·····	·	Part 2: Creditors with Nonpriority Unsecured Claims
Des Plaines City	IL State	60018 ZIP Code	Last 4 digits of account number 1 2 0 7
Transworld Systems			On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 17221 Number Street		······································	Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Wilmington City	DE State	19850 ZIP Code	Claims Last 4 digits of account number 3 2 8 1
	Side	2.11 0000	

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 35 of 63 Debtor 1

Sharline Document Jean Stork

Patrick William 600d List Others to Be Notified About a Debt That You Already Listed Part 3:

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

United Collection Bure	au, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
5620 Southwyck Blvd			Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Suite 206		***************************************	Part 2: Creditors with Nonpriority Unsecured Claims
Toledo			Last 4 digits of account number 8 8 1 1
City	OH State	43614 ZIP Code	The state of account number of the state of
United Collection Bure	au, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
5620 Southwyck Blvd Number Street	· · · · · · · · · · · · · · · · · · ·		Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Suite 206			Claims Part 2: Creditors with Nonpriority Unsecured
Toledo City	OH State	43614	Last 4 digits of account number 9 4 7 5
United Collection Burea	au, Inc.	5555	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
5620 Southwyck Blvd Number Street	-		Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Suite 206			Part 2: Creditors with Nonpriority Unsecured Claims
Toledo City	OH State	43614 ZIP Code	Last 4 digits of account number 8 9 4 8
United Collection Burea		ZIP Code	
Name	iu, iiio.	· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?
5620 Southwyck Blvd Number Street			Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Suite 206			Part 2: Creditors with Nonpriority Unsecured Claims
Toledo City	ОН	43614	Last 4 digits of account number 5 0 8 4
•	State	ZIP Code	The state of account number 40 0 4
United Collection Burea	u, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
5620 Southwyck Blvd			Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Suite 206			Claims Part 2: Creditors with Nonpriority Unsecured
Toledo	ОН	43614	
City	State	ZIP Code	Last 4 digits of account number 8 5 5 3
Weltman, Weinberg & R	eis Co., L	PA	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 93596			Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Phonty Unsecured Claims
			Claims Claims
Cleveland	OH State	44101 ZIP Code	Last 4 digits of account number 2 7 1 7
Jay K Levy & Associates			0(
			On which entry in Part 1 or Part 2 did you list the original creditor?
655 Deerfield Rd Number Street			Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Suite 100-300			Claims Part 2: Creditors with Nonpriority Unsecured
Deerfield	IL	60015	
City	State	ZIP Code	Last 4 digits of account number 6 0 4 5

Case 16-80261

Doc 1

Filed 02/05/16

Entered 02/05/16 13:48:20 Desc Main

Debtor 1

Sharline

Jean

Stork

Document

Page 36 of 63

Last Name

Part 4:

Potrick William Good
Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	56,350.93
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	17,066.41
	6j. "	Total. Add lines 6f through 6i.	6j.	\$	73,417.34

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 37 of 63

Fill in this in	formation to ider	ntify your case:		
Debtor	Sharline	Jean	Stork	
,	First Name	Middle Name	Last Name	
Debtor 2	Patrick	William	Good	
(Spouse If filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	the: Northern District of Illi	nois	
(If known)	***************************************	****		Check if this i amended filin

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

add	itional pages, write your name and case number (if known).	-4 member are charles, and account to this page. On the top of any
1.	Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other s Yes. Fill in all of the information below even if the contracts or lease	schedules. You have nothing else to report on this form. es are listed on <i>Schedule A/B: Property</i> (Official Form 106A/B).
2.	List separately each person or company with whom you have the example, rent, vehicle lease, cell phone). See the instructions for this unexpired leases.	contract or lease. Then state what each contract or lease is for (for some in the instruction booklet for more examples of executory contracts and
	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Volkswagen Credit Name P.O. Box 3 Number Street	Car Lease
2.2	Hillsboro OR 97123 City State ZIP Code	
	Tri-County Property Management Name 43 W Church St Number Street Sandwich IL 60548 City State ZIP Code	Apartment/Rent Lease
2.3	Sprint Name P.O. Box 4191 Number Street Carol Stream IL 60197 City State ZIP Code	Cell Phone Lease
2.4	Name	
	Number Street	
2.5	City State ZIP Code Name	
	Number Street	

State

ZIP Code

City

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 38 of 63

Fill in this	information to ider	ntify your case:		
Debtor 1	Sharline	Jean	Stork	
Debtor 2	First Name Patrick	Middle Name William	Last Name Good	
(Spouse, if filing		Middle Name	Last Name	
United State	s Bankruptcy Court for	the: Northern District of Illin	nois	
Case numbe (If known)	er			
				☐ Check if this is an
)fficial	Form 106H			amended filing
		_ ur Codebtors	_	
				12/15
d number se numbe . Do you i	the entries in the b r (if known). Answe	oxes on the left. Attach t er every question.	any debus you may have. blying correct information he Additional Page to this ase, do not list either spous	Be as complete and accurate as possible. If two married people If more space is needed, copy the Additional Page, fill it out, page. On the top of any Additional Pages, write your name and e as a codebtor.)
U No				5 45 4 55 455 (5).)
Yes				
Within to Arizona.	he last 8 years, hav California Idaho I o	e you lived in a commun	ity property state or territo	ory? (Community property states and territories include /ashington, and Wisconsin.)
☑ No. 0	Go to line 3.	TOTAL PROPERTY OF THE	AICO, FUEITO RICO, TEXAS, VI	rashington, and Wisconsin.)
		mer spouse, or legal equiv	valent live with you at the tin	ne?
	lo			
☐ Y	es. In which commu	nity state or territory did yo	u live?	Fill in the name and current address of that person.
				- San
ī	lame of your spouse, forme	er spouse, or legal equivalent		
_				
٨	lumber Street			
ō	ity	State	ZIP Code	_
in Colum	n 1 liet all of your			
Schedule	D (Official Form 1	onentoi omy it tust belst	ON IS a quarantor or cosin	tor if your spouse is filing with you. List the person ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D,
Column	1: Your codebtor			Column 2: The creditor to whom you owe the debt
1				Check all schedules that apply:
	Michael Stork Jr	-		
Name 830 V	V Church St Apt	3		Schedule D, line
Number	Street			Schedule E/F, line 4.1
Sheric	dan	IL Steam	4280	Schedule G, line
- ing		State	ZIP Code	
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street			☐ Schedule G, line
City		State	ZIP Code	· ———
Name				Schedule D, line
Number	Street			Schedule E/F, line
				☐ Schedule G, line
City		State	ZIP Code	~~

Fill in this in	formation to ide	ntify your case:		
Debtor 1	Sharline First Name	Jean	Stork Last Name	
Debtor 2	Patrick	William	Good	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States &	Bankruptcy Court for	the: Northern District of Ill	inois	
Case number				Check if this is:
(II KIZOWII)				An amended filing
		190-110-100-100-100-100-100-100-100-100-		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106I			MM / DD / YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1		Debtor 2 or no	n-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not emplo		☐ Employed ☐ Not employe	ed
Include part-time, seasonal, or self-employed work.		Momborobir	. Drannan I		
Occupation may include student or homemaker, if it applies.	Occupation	Membership	Processor I		
	Employer's name	Health Care	Services Corp	***************************************	
	Employer's address	1000 Warre			
		Number Street	Martine in the contract of the	Number Street	
		Naperville	IL 60563	· · · · · · · · · · · · · · · · · · ·	
		City	State ZIP Code	City	State ZIP Code
	How long employed the	ere?			

Part 2:

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	FOR Deptor 1	non-filing spouse
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be	. 2. <u>\$ 2,415.36</u>	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 2,415.36	\$0.00

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 40 of 63 Sharline Debtor 1 Jean Stork Case number (if known) රකර William nck For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 2,415.36 0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 414.02 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 5c. Voluntary contributions for retirement plans 0.00 5c. 0.00 5d. Required repayments of retirement fund loans 0.00 5d. 0.00 5e. Insurance 202.43 5e. 0.00 5f. Domestic support obligations 0.000.00 5f. 38.00 0.00 5a. Union dues 5g. 5h. Other deductions. Specify: 5h 0.00 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 654.45 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 1,760.91 0.00 7 8. List all other income regularly received: 8a. Net income from rental property and from operating a business. profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a 8b. Interest and dividends 8b. 0.00 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation 0.00 1,232.00 8d 8e. Social Security 8e 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 0.00 8f 0.00 8g. Pension or retirement income 0.00 8g. 0.00 8h. Other monthly income. Specify: _ 8h. 0.00 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 1,232.00 9. 10. Calculate monthly income. Add line 7 + line 9. 92.91

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$\frac{1760.91}{10.00} + \frac{1760.91}{10.00} = \frac{1}{10.00}	2,9
11. State all other regular contributions to the expenses that you list in	Schedule J.	
include contributions from an unmarried partner, members of your house	hold, your dependents, your roommates, and other	

friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _______ 11. + \$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12.	_{\$2,992.91}
	Combined
	monthly income

0.00

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

☑ Yes. Explain: Depending on if Debtor 2 finds employment or unemployment in canceled

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 41 of 63

Fill in this i	nformation to identify (/our case:					
Debtor 1	Sharline	Jean	Stork				
Debtor 2	First Name Patrick	Middle Name William	Last Name Good		cif this is:		
(Spouse, if filing		Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	amended	-	
United States	Bankruptcy Court for the: N	lorthern District of Illinois				it snowing post of the following	petition chapter 13 date:
Case number (If known)	Martin				/ DD / YY	,	•
Official	Form 106J		***************************************	· · · · · · · · · · · · · · · · · · ·			
_		ır Expense:	s				12/15
Be as comple information. I (if known). Ar	te and accurate as pos f more space is needed swer every question.	sible. If two married peo I, attach another sheet to	ple are fili	ng together, both are equa n. On the top of any additio	illy respon nal pages,	sible for supply write your nam	na correct
	Describe Your Hous	ehold					
1. Is this a join							
☐ No. Go ☑ Yes. Do	to line 2. es Debtor 2 live in a se	parate household?					
	No Yes. Debtor 2 must file	Official Form 106J-2, Expe	enses for S	eparate Household of Debto	r 2.		
2. Do you have	e dependents?	□ No		Danandankia!-kiki		.	
Do not list D Debtor 2.	ebtor 1 and	Yes. Fill out this inform each dependent		Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Do not state names.	the dependents'			Son	···	6	☐ No ☑ Yes
				Daughter		1	☐ No ☑ Yes
							□ No
				***************************************			Yes
						***************************************	☐ No
							☐ Yes
				7 18 W 2000 W 20			☐ No ☐ Yes
	people other than	No Yes					
Part 2: 트st	imate Your Ongoing	Monthly Expenses					
Estimate your	expenses as of your ba	ankruptcy filing date unle	ess you ar	e using this form as a sup	plement in	a Chapter 13 ca	se to report
expenses as or applicable date		uptcy is filed. If this is a :	suppleme	ntal Schedule J, check the	box at the	top of the form	and fill in the
such assistanc	e and have included it	ash government assistan on Schedule I: Your Inco	me (Offic	ial Form 1061.)		Your expen	ses
	or home ownership exp the ground or lot.	enses for your residence	e. Include f	irst mortgage payments and	4.	\$	845.00
If not include	ded in line 4:						
4a. Reale	state taxes				4a.	\$	0.00
•	ty, homeowner's, or rent				4b.	\$	13.00
	maintenance, repair, and				4 c.	\$	
4d. Homeo	wner's association or co	ndominium dues			4d.	\$	0.00

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 42 of 63

Sharline Jean Stork Debtor 1 Case number (# known)___ Middle Name l ast Name Patrick William 600d Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: Electricity, heat, natural gas 61.35 6a. Water, sewer, garbage collection 26.33 6h Telephone, cell phone, Internet, satellite, and cable services 6c. 224.28 Other. Specify: _ 0.00 6d 7. Food and housekeeping supplies 400.00 7. Childcare and children's education costs 0.00 8. Clothing, laundry, and dry cleaning 80.00 9. Personal care products and services 10. 40.00 10. Medical and dental expenses 0.00 11. Transportation. Include gas, maintenance, bus or train fare. 400.00 Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 0.00 13. Charitable contributions and religious donations 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 0.00 15a 15b. Health insurance 0.00 15c. Vehicle insurance 183.98 15c. 15d. Other insurance. Specify:_ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 Specify: _ 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 360.00 17b. Car payments for Vehicle 2 309.78 17c. Other. Specify:_ 0.00 17d. Other. Specify:_ 0.00 17d Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 19. Other payments you make to support others who do not live with you. 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 0.00 20a. 20b. Real estate taxes 0.00 20h 20c. Property, homeowner's, or renter's insurance 0.00 20c. 20d. Maintenance, repair, and upkeep expenses 0.00 20d. 20e. Homeowner's association or condominium dues 0.00 20e.

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 43 of 63

Debtor	1 Sharline	Middle Nam	Jean e Last Name	Stork	Case number (if known)		
	Potr		William	Cood			
21. O 1	ther. Specify:		**	The second secon	21	+\$	0.00
22. C a	alculate your mo	nthly expen	ses.				
22	a. Add lines 4 thr	ough 21.			22a.	\$	2,930.72
22	b. Copy line 22 (r	nonthly expe	enses for Debtor 2), if a	ny, from Official Form 106J-	2 22b.	\$	0.00
22	c. Add line 22a ai	nd 22b. The	result is your monthly e	expenses.	22c .	\$	2,930.72
23. Cal	culate your mon	thly net inc	ome.				
23a.	Copy line 12 (our combine	ed monthly income) fro	m Schedule I.	23a.	\$	2,992.91
23b.	Copy your mor	nthly expens	es from line 22c above		23b.	\$	2,930.72
23c.	Subtract your in The result is you		enses from your month net income.	ly income.	23c .	\$	62.19

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car foan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Mo.

Yes. Explain here:

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 44 of 63

ebtor 1	Sharline	Jean	Stork	
	First Name	Middle Name	Last Name	-
Debtor 2	Patrick	William	Good	
Spouse, if filing	First Name	Middle Name	Last Name	
Inited States	Bankruptcy Court for	the: Northern District of I	llinois	

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
d you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
No	and the state of t
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
der penalty of perjury, I declare that I have read	the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I have read t they are true and correct.	the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I have read they are true and correct.	the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I have read t they are true and correct.	the summary and schedules filed with this declaration and

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 45 of 63 Document

Fill in this in	Sharline	Jean	Stork	
	First Name	Middle Name	Last Name	
Debtor 2	Patrick	William	Good	
(Spouse, if filing)	First Name	Middle Name	Last Name	
		he: Northern District of II		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct

art 1: Give Details	About Your	Marital Sta	atus and Where Y	ou Lived Before		
What is your current n	narital status	?				
Married						
Not married						
During the last 3 years	, have you liv	ed anywhere	other than where y	ou live now?		
☐ No						
Yes. List all of the pi	laces you lived	in the last 3	years. Do not include	where you live now.		
Debtor 1:			Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
				Same as Debtor 1		Same as Debtor
5397 Burr Oa	k Rd		From 04/01/201	4		From
Number Street			To 0 <u>3/31/20</u> 1	5 Number Street		To
Lisle	IL.	60532	•	***************************************		
City	State	ZIP Code	-	City St	ate ZIP Code	
				Same as Debtor 1		Same as Debtor 1
112 E Schoolh	ouse Rd		From 04/01/201	3		From
Number Street			To 0 <u>3/31/20</u> 1	Number Street		To
Apt E3			-	· · · · · · · · · · · · · · · · · · ·		
Yorkville City	IL State	60560 ZIP Code	•	01		
City	State	ZIP Code		City Sta	rte ZIP Code	

- - ☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Explain the Sources of Your Income

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 46 of 63

Debtor 1	Sharline First Name Middle No	Jean	Stork	_ Case t	number (# known)	
	Patrick Middle No	willion	m Good			
Fill i If yo □ I	n the total amount of incouse and are filing a joint case and	ome you receive	d from all jobs and all bu	sinesses, including part-		lendar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of curr the date you filed for ba	ent year until ankruptcy:	Wages, commission bonuses, tips Operating a busines	\$	Wages, commissions, bonuses, tips Operating a business	\$0.00
	For last calendar year: (January 1 to December	31, <u>2015</u>)	Wages, commissions bonuses, tips Operating a busines	\$ <u>31,618.52</u>	Wages, commissions, bonuses, tips Operating a business	\$ 29,687.15
	For the calendar year b	efore that:	Wages, commissions bonuses, tips Operating a business	s 27.577.11	Wages, commissions, bonuses, tips Operating a business	\$ 32,510.89
Includunen gamt List e	nployment, and other pub pling and lottery winnings each source and the gros	whether that inco lic benefit payments. If you are filing	ome is taxable. Example ents; pensions; rental in a joint case and you ha	es of other income are ali come; interest; dividends ve income that you receive	mony; child support; Social ; money collected from law ved together, list it only onc at you listed in line 4.	suits; royalties; and
	os. i mai die detais.		Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of curn the date you filed for ba			\$ \$	Unemployment	\$1,232.00 - \$
		-		\$		\$
	For last calendar year: (January 1 to December)	31, <u>2015</u>) -		\$ \$ \$	Unemployment	\$
	For the calendar year bo	efore that:		\$		\$

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 47 of 63

Debtor 1	Sharline First Name Midd	Jean	Stork	. Case	number (if known)	
	Patrick	Willia	st Name COOCI			
Part 3:	List Certain Pa		ade Before You Filed	for Bankruptcy		
6. Are ei	ither Debtor 1's or D	ebtor 2's debts	primarily consumer deb	ts?		
Q N	"incurred by an in-	dividual primarily	s primarily consumer de for a personal, family, or h for bankruptcy, did you p	ousehold purpose."	re defined in 11 U.S.C. § 10	1(8) as
	☐ No. Go to line		.,,		wo,ceo of more:	
	total amo child sup	ount you paid that port and alimony.	creditor. Do not include payn Also, do not include payn	ayments for domestic su nents to an attorney for t	or more payments and the apport obligations, such as his bankruptcy case.	
Ø Ye	es. Debtor 1 or Debt	or 2 or both have	primarily consumer de	bts.		
			for bankruptcy, did you pa		\$600 or more?	
	☐ No. Go to line	7.				
	creditor. I	Do not include par	whom you paid a total of syments for domestic supp de payments to an attorne	ort obligations, such as r	child support and	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Toyota Fin	ancial Service	o1/08/2016	\$1,080.00	21,538.95	Mortgage
	P.O. Box 5	855	11/25/2015			☑ Car
	Number Street		40/20/2045			Credit card Loan repayment
	0101		10/30/2015			Suppliers or vendors
	Carol Strea	ım IL 60 State)197 ZIP Code			Other
	Creditor's Name		44,	\$	\$	Mortgage
						☐ Car
	Number Street					Credit card
						☐ Loan repayment☐ Suppliers or vendors
	City	State	710.0			Other
	City	State	ZIP Code			
				\$	\$.
	Creditor's Name					☐ Mortgage ☐ Car
	Number Street	*****	AARA-Parlander			Credit card
	Humber Street					Loan repayment
						Suppliers or vendors
	City	State	ZIP Code			Other

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 48 of 63

btor 1	Sharline	Jean	Stork	_	Case number (if known)
		e Name Last Name	4 ŧ			
	Patrick	William	600d			
With	nin 1 year before you	filed for bankruptcy, did	l vou make a pa	vment on a debt v	ou owed anvone	who was an insider?
						ch you are a general partner;
corp	orations of which you	are an officer, director, pe	rson in control, o	r owner of 20% or	more of their voting	securities; and any managing
ager	nt, including one for a l	ousiness you operate as a	sole proprietor.	11 U.S.C. § 101. li	nclude payments fo	r domestic support obligations,
such	n as child support and	alimony.				
2	M-					
L	Yes. List all payments t	to an insider.				
			Dates of	Total amount		Reason for this payment
			payment	paid	owe	
	Insider's Name	······································		\$. S	
	model o regine					
	Number Street					
			-			
	City	State ZIP Code				
				\$	\$	
	Insider's Name			₽	. 4	
	nisidei s Name					
	Number Street					
	Talled Gudde					
	City	State ZIP Code				
		iled for bankruptcy, did	you make any p	ayments or trans	fer any property o	n account of a debt that benefited
	nsider?					
inciu	de payments on debts	guaranteed or cosigned t	by an insider.			
21 N	lo.					
Y Remi	es. List all payments t	hat benefited an insider.				
			Dates of	Total amount	Amount you still	Reason for this payment
			payment	paid	owe	Include creditor's name
			_	\$	\$	
	Insider's Name			•		
	Number Street	· · · · · · · · · · · · · · · · · · ·				
			_			
			_			
	City	State ZIP Code				
				\$	\$	
	Insider's Name			₹	- *	
			_			
	Number Street					
	City	State ZIP Code	-			

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 49 of 63

Debtor 1	Sharline First Name Mid	Jean	Stork	Case number (# know	n)	
	Patrick	die Name Last Name	Good			
Part 4		Actions, Repossession	ons, and Foreclosu	ires		
List a	in 1 year before you	i filed for bankruptcy, we	ere you a party in any	lawsuit, court action, or adm , divorces, collection suits, pater	inistrative proc mity actions, sup	eeding? oport or custody modifications
Z						
	es. Fill in the details.					
		Natu	re of the case	Court or agency		Status of the case
	Case title			Court Name	·	—— Pending
						On appeal
				Number Street	,	Concluded
	Case number	***************************************		City Stat	e ZIP Code	<u>.</u>
	Case title				***************************************	—— Pending
				Court Name		On appeal
•	***************************************			Number Street		Concluded
(Case number			City State	e ZIP Code	
				Sill Sill Sill Sill Sill Sill Sill Sill	zai code	
U Y€	es. Fill in the informat	ion below.	Describe the prope	erty	Date	Value of the property
						\$
	Creditor's Name					Ψ
	Number Street		Explain what happe			
			Property was			
			 Property was Property was 			
	City	State ZIP Code		gamisned. attached, seized, or levied.		
	•		Describe the prope		Date	Value of the property
				•	Date	value of the property
	Creditor's Name		···			\$
	Number Street		***			
	Nounce Saeet		Explain what happe	ened		
			Property was	repossessed.		
			Property was			
	City	State ZIP Code	Property was			
			Property was	attached, seized, or levied.		

Page 50 of 63 Document Sharline Jean Stork Debtor 1 Case number (if known) Patrick William Good 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ZÍ No Yes. Fill in the details. Describe the action the creditor took **Date action Amount** Creditor's Name Number Street State ZIP Code Last 4 digits of account number: XXXX-____ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☑ No Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? M No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the oifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you _ Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code

Case 16-80261 Doc 1 Filed 02/05/16

Entered 02/05/16 13:48:20 Desc Main

Person's relationship to you _

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Page 51 of 63 Document Sharline Jean Stork Debtor 1 Case number (if known)_ Middle Name Last Name Patrick William 6000 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Value Date you that total more than \$600 contributed Charity's Name Number Street City State ZiP Code Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? M No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Z No Yes. Fill in the details. Description and value of any property transferred Amount of payment Date payment or transfer was Person Who Was Paid made Number Street ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 52 of 63

	Sharline First Name Mic	die Name	Jean Last	Stork Name	Case number (# known)		**************************************
	Portrick		villic				
				Description and value of any prop	erty transferred	Date payment or transfer was made	Amount of payment
ī	Person Who Was Paid					uansier was illade	payment
						***	\$
1	lumber Street						\$
-	**************************************					**************************************	-
ā	City	State	ZIP Code				
Ē	mail or website address			-			
F	erson Who Made the Pay	ment, if N	lot You				
A No D Ye	s. Fill in the details.			Description and value of any prope	rty transferred	Date payment or transfer was	Amount of paymen
Ē	erson Who Was Paid		··········			made	
Ñ	umber Street					****	\$
N -	umber Street						\$ \$
- č	ity	State	ZIP Code				\$
/ithin ansfectude o not No	ity 2 years before your erred in the ordinate both outright trans include gifts and tra	u filed ry cou fers an	for bankrup rse of your b d transfers m	tcy, did you sell, trade, or otherwinusiness or financial affairs? ade as security (such as the grantine e already listed on this statement.			\$n property
/ithin ansfectude o not No	ity 2 years before your perred in the ordinate both outright trans include gifts and tra	u filed ry cou fers an	for bankrup rse of your b d transfers m	ousiness or financial affairs? ade as security (such as the grantin		ortgage on your prop	\$n property
/ithin ansfe clude o not No Yes	ity 2 years before your perred in the ordinate both outright trans include gifts and tra	u filed ry coul fers and ansfers	for bankrup rse of your b d transfers m	usiness or financial affairs? ade as security (such as the grantir e already listed on this statement. Description and value of property	ng of a security interest or mo	ortgage on your prop	\$
ithin ansfectude o not No Yes	ity 2 years before your perred in the ordinal period in the ordinal period include gifts and trails. 5. Fill in the details.	u filed ry coul fers and ansfers	for bankrup rse of your b d transfers m	usiness or financial affairs? ade as security (such as the grantir e already listed on this statement. Description and value of property	ng of a security interest or mo	ortgage on your prop	\$
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Entered 02/05/16 13:48:20 Desc Main Case 16-80261 Doc 1 Filed 02/05/16 Page 53 of 63 Document Sharline Jean Stork Debtor 1 Case number (if known) William 60019. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved. closing or transfer or transferred Name of Financial Institution ☐ Checking XXXX-☐ Savings Number Street Money market ☐ Brokerage City 7IP Code Other ☐ Checking Name of Financial Institution ☐ Savings Money market ☐ Brokerage Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No No ☐ Yes Name of Financial Institution Name Number Street Number Street

City

ZIP Code

City

ZIP Code

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 54 of 63

or 1	Sharline	Jean	Stork	Ca _f	se number (if known)	
	First Name Mid POTTICK	Idle Name L Willia	ast Name Good		***************************************	***************************************
lave v	• -	-		ur home within 4 year	before you filed for bank	havet a
A No)	,	. or place outer than you	si nome within 1 year	before you filed for pani	Kruptcy?
☐ Ye	s. Fill in the details	S .				
			Who else has or had a	ccess to it?	Describe the contents	Do you st have it?
77	iame of Storage Facility					□ No
	anse or otorage raceity		Name			☐ Yes
N	lumber Street		Number Street			
		 	CityState ZiP Code			
Č	iity	State ZiP Code				
VIET I						
rt 9:	Identify Prop	perty You Hold	or Control for Some	one Else		
Jo yo	u hold or control a	ny property that	someone else owns? in	clude any property vo	ou borrowed from, are sto	oring for
or hole	d in trust for some	one.		,		,g ,
ZŽ No						
Ye	s. Fill in the details	S.				
			Where is the property?		Describe the property	Value
						•
O	wner's Name					₹
			Number Street			P
	wner's Name umber Street		Number Street			₹
						₹
	umber Street	State ZIP Code	Number Street	State ZIP Code		₹
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ite me	Give Details Give Details urpose of Part 10, to numental law means lous or toxic substing statutes or regulars eans any location, it or used to own, or	About Environ the following defis any federal, sta ances, wastes, o ulations controlli facility, or prope operate, or utilize	mental Information nitions apply: te, or local statute or re, r material into the air, la ng the cleanup of these rty as defined under any it, including disposal s	gulation concerning pulation concerning pulation, soil, surface wate substances, wastes, environmental law, vites.	r, groundwater, or other or material. vhether you now own, op	medium, perate, or
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Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 55 of 63

Debtor 1	Sharline First Name Middle	Jean Name Last Name	Stork	<u>. </u>	Case numbe	{ (if known)	
	Patrick	William	. b cc	d			
25.Ha	ve you notified any gov	ernmental unit of any	release of ha	zardous material?	•		
	No Yes. Fill in the details.						
		Go	vernmental unit	: I	Environmental la	w, if you know it	Date of notice
	Name of site	Gov	emmental unit				N/M/s-live-recommendation
	Number Street	Nun	nber Street				
	***************************************	City	s	tate ZIP Code			
	City S	tate ZIP Code					
		ny judicial or admini	strative procee	eding under any e	nvironmental la	w? Include settlements	and orders.
	No Yes. Fill in the details.						
		С	ourt or agency		Nature of the	e case	Status of the case
	Case title						☐ Pending
		C	ourt Name				On appeal
		Ni	ımber Street				☐ Concluded
	Case number	Ci	lv	State ZIP Code			
Part 1		bout Your Busines					
27. Witi	nin 4 years before you i	filed for bankruptcy, self-emploved in a t	did you own a rade, professi	business or have on, or other activit	any of the folk v. either full-tir	owing connections to any	/ business?
	A member of a limit	ed liability company	(LLC) or limite	d liability partners	ship (LLP)	ise of part-time	
	A partner in a partner	•					
	An officer, director,An owner of at least		-		_		
				es or a corporatio	n		
	No. None of the above a Yes. Check all that appl			y for each hucinos	•		
				re of the business		Employer Identification nu	mber
	Business Name					Do not include Social Secu	rity number or ITIN.
						EIN:	
	Number Street	Na	me of accountai	nt or bookkeeper		Dates business existed	
						From To	***************************************
	City Sta	ate ZIP Code				manda ada santa ar	
	Business Name		outing the natur	e of the business		Employer Identification nur Do not include Social Secu	
	Number Stand					EIN:	
	Number Street	Na	me of accountar	nt or bookkeeper		Dates business existed	
						From To	

City

State ZIP Code

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 56 of 63

Debtor 1	Sharline First Name Mi	Jean	Stork	Case number (# known)
	Patrick	William		
			Describe the nature of the busine	Employer Identification number Do not include Social Security number or ITIN.
	Business Name			EIN:
	Number Street	TO SECURITION OF THE SECURITIO	Name of accountant or bookkeep	
	Сйу	State ZIP Code		From To
inst	itutions, creditors, o	or other parties.	cy, did you give a financial stat	ement to anyone about your business? Include all financial
			Date issued	
	Name		MM / DD / YYYY	
	Number Street			
	City	State ZIP Code		
Part 1	Sign Below			
an: in c	swers are true and c	orrect. I understand inkruptcy case can r	that making a faise statement,	schments, and I declare under penalty of perjury that the concealing property, or obtaining money or property by fraud imprisonment for up to 20 years, or both.
×	Signature of Debtor 1	SAS	Signature of Debt	Sec d
	Date 2/5/20)/G	Date 02/5	12016
Did ☑ □	you attach addition No Yes	al pages to <i>Your Sta</i>	tement of Financial Affairs for I	ndividuals Filing for Bankruptcy (Official Form 107)?
Did Z	you pay or agree to	pay someone who is	s not an attorney to help you fil	out bankruptcy forms?
	No Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119)

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7 12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: 0 information below. 	Creditors Who Have Claims Secured by Property (Offici	al Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Toyota Financial Services Description of 2013 Toyota Camry LE property securing debt:	 □ Surrender the property. □ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ No Ľ Yes
Creditor's name: Description of property securing debt:	 □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ No ☐ Yes
Creditor's name: Description of property securing debt:	□ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No □ Yes
Creditor's name: Description of property securing debt:	□ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	□ No □ Yes

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 58 of 63

or 1	Sharline	Jean	<u>Stork</u>	Case number (If known)
. •	First Name Middle Potrick	Name Last Name	Cood	
rt 2:		xpired Personal Pro	<u> </u>	
r any	unexpired personal	property lease that yo	ou listed in Schedule G: E	Executory Contracts and Unexpired Leases (Official Form 106G), is are leases that are still in effect; the lease period has not yet see does not assume it. 11 U.S.C. § 365(p)(2).
		personal property lease		Will the lease be assumed?
Lessor's name: Volkswagen Credit				™ No
	ription of leased 20°	15 Volkswagen Jet	ta Car Lease	☐ Yes
1	oda nama: Tri Carr	nty Property Mana	rement	☐ No
				☑ Yes
Desc	cription of leased Ap erty:	artment Lease. Re	nt	
1 699	or's name: Sprint			☐ No
	cription of leased Ce	II phone Lease		☑ Yes
Less	sor's name:			□ No
				☐ Yes
	cription of leased perty:			
امما	sor's name:			□ No
Less	SOLS RAINE.			☐ Yes
	cription of leased perty:			
				□ No
L.es:	sor's name:			☐ Yes
	scription of leased perty:			
Les	sor's name:			☐ No
	scription of leased perty:			☐ Yes
Part 3	Sign Below			
Unde	er penalty of perjury	, I declare that I have	indicated my intention ab	out any property of my estate that secures a debt and any
pers	onal property that is	subject to an unexpi	red lease.	
•	10	A X	x Manh	Acerl

Signature of Debtor 1

Date 02/05/2016

Signature of Debtor 2

Date <u>72 / 25 / 20 | 4</u> MM / DD / YYYY Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 59 of 63

Toyota Financial Services

P.O. Box 8026

Cedar Rapids, IA 52409-8209

BA Property Group

1305 Wiley Rd

Suite 104

Schaumburg, IL 60173

Best Buy Credit Services

P.O. Box 6084

Sioux Falls, SD 57717

Citi Cards

P.O. Box 6077

Sioux Falls, SD 57117

Comenity Bank

Attn: Bankruptcy Department

P.O. Box 182273

Columbus, OH 43218

Comenity Bank

Attn: Bankruptcy Department

P.O. Box 182125

Columbus, OH 43218-2125

Discover Financial Services

P.O. Box 30943

Salt Lake City, UT 84130-0943

Disney Movie Club

P.O. Box 758

Neenah, WI 54957

Dupage Health Specialists

3033 Ogden Ave

Suite 300

Lisle, IL 60532

Edward Hospital

P.O. Box 140520

Toledo, OH 43614

Great Lakes Credit Union

2525 Green Bay Rd

North Chicago, IL 60064

Rush Copley

P.O. Box 352

Aurora, IL 60507

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 61 of 63

Synchrony Bank

Attn: Bankruptcy Department

P.O. Box 965060

Orlando, FL 32896

Navient - Department of Education Loan

P.O. Box 9635

Wilkes-Barre, PA 18773

FedLoan Servicing

P.O. Box 69184

Harrisburg, PA 17106

Allied Interstate

P.O. Box 361445

Columbus, OH 43236

Atlantic Credit & Finance, Inc.

P.O. Box 12966

Roanoke, VA 24030

Baron's Creditors Services Corp

155 Revere Drive

Suite 9

Northbrook, IL 60062

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 62 of 63

Medical Business Bureau, LLC

1175 Devin Dr

Suite 173

North Shores, MI 49441

NCC Business Service INC

9428 Baymeadows Rd

Jacksonville, FL 32256

Medical Recovery Specialists, LLC

2250 E Devon Ave

Suite 352

Des Plaines, IL 60018

Transworld Systems

P.O. Box 17221

Wilmington, DE 19850

United Collection Bureau, INC.

5620 Southwyck Blvd

Suite 206

Toledo, OH 43614

Weltman, Weinberg & Reis Co., LPA

P.O. Box 93596

Cleveland, OH 44101

Case 16-80261 Doc 1 Filed 02/05/16 Entered 02/05/16 13:48:20 Desc Main Document Page 63 of 63

Jay K Levy & Associates

655 Deerfield Rd

Suite 100-300

Deerfield, IL 60015

Volkswagen Credit

P.O. Box 3

Hillsboro, OR 97123-0003